Admission Record – Kilifi District Hospital Maternity Unit

☐ New Admission ☐ Readmission from home ☐ Readmission from shelter

Mother's admission details (midwife/clinician)

Mother's Name				Date of birth (Age)	
Date of admission	___/___/____	Time of admission	_____ AM / PM		
Hosp No.		Preg ID		PID	
Location		Village		District	
Marital status	Mar☐ Sing ☐ Div ☐ Wid☐	Educational level	None ☐ Prim ☐ Sec ☐ Higher☐	Mobile phone	
Next of Kin (NOK)		Relationship NOK		Contact NOK	
NHIF beneficiary	Y N	NHIF Contributor's Name		Contributor's ID number	
OBA CARD	Y N	OBA Number			
Emergency referral	Y N	Consultant	Dr Wanjala ☐ Other ☐ If other, specify _____		
TRIAGE ASSESSMENT	Does the patient meet any of the following criteria?	Airway not patent? Respiratory rate >30 or <10? Systolic BP >160 or <90? Diastolic BP >90? HR <40 or >120 Unconscious or alert only to pain? Another obstetric emergency (including imminent delivery (<1hr) requiring immediate intervention.		Y N Y N Y N Y N Y N Y N Y N	
IF ANY OF THE ABOVE ARE ANSWERED "Y" PATIENT NEEDS EMERGENCY CARE					

Household /social history (field worker)

How many people live in the house (building she sleeps in)?				
Type of house mother lives in?	Mud Wall=**1**, Stone Wall=**2,** Storey House=**3**, Iron Sheets=**4,** Other=**5,** Specify			1 2 3 4 5
What is the main water source?	Tap in house or compound=**1**, Tap in community=**2,** Borehole in compound=**3**, Borehole in community=**4**, Water vendor=**5,** Natural source=**6**			1 2 3 4 5 6
Type of toilet household uses?	Toilet in-house=**1**, Toilet shared in compound=**2,** Toilet in community=**3**, None=**4**			1 2 3 4
Main source of fuel household uses for cooking?	Wood = **1**, charcoal = **2**, kerosene = **3**, gas/LPG = **4**, electricity = **5**			1 2 3 4 5
	If wood or charcoal, is it mainly used		In the house ☐	Outside the house ☐
How many cattle does the household look after?	☐	1-4☐ 5-9☐ 10-14 ☐ 15-19 ☐	20 or more ☐	
What is the average household monthly cash income?	<1000☐	1,000-3,999☐ 4,000-9,999☐ 10,000-19,999☐	>20,000☐ Don't Know☐	
Occupation of the mother?				
Occupation of the father?				
Has the mother during pregnancy	Looked after cattle?	Y N	Gutted fish?	Y N
Does the father routinely	Look after cattle?	Y N	Gut fish?	Y N

1	2	3	4	5	CHECKED

Mother's Name _____Mother's Date of Birth___/___/_____

Consent for treatment (midwife)

I hereby give permission for anaesthesia and for any medical or surgical treatment which the Doctor may consider necessary to be performed upon me/my wife/my child. Nakubali dawa ya kupoteza fahamu itumiwe na pia daktari aweza kufanya utibabu wowote ambao ataona ni lazima.	
Date / /	Signature / Saini ..... Witness / Shahidi: Midwife ..... Student Midwife: .....

Reason for admission (midwife/clinician)

Admitted by			Initials	
LMP	Known☐ Not Known☐ Month only known ☐		LMP Date	/ /
EDD by dates	/ /		GBD (Gestation by dates)	weeks
EDD by ultrasound (If dating scan was done at <24weeks)				/ /
Presenting complaints:	Abdominal pain – labour	Y N	Vaginal discharge (offensive)	Y N
	Abdominal pain – other	Y N	Dysuria	Y N
	Drainage of liquor	Y N	Cough (<2 weeks)	Y N
	PV bleeding	Y N	Cough (>2 weeks)	Y N
	Convulsions	Y N	Fever	Y N
	Visual changes	Y N	Vomiting	Y N
	Headache	Y N	Weight loss	Y N
	Decreased foetal movements	Y N		
	Difficulty in breathing	Y N	Other	Y N
	Oedema	Y N	If other, specify :	_____

Obstetric History (midwife/clinician)

Is this the woman's first ever pregnancy (she is nulliparous)?			**Y N**	**If NO; complete table below.**			
Total number of pregnancies (incl.current)		No. of pregs >28 weeks	Born Alive		No. Of pregs <28 weeks	Miscarriage	
			Stillborn			Termination	
Place of delivery: Hospital (**H**) Clinic (**C**) Home/dwelling (**D**), Other (**O**) Mode of delivery: **V**=vaginal, **C**=caesarean, **I**= vacuum			Complications: None (**None**), PET/Eclampsia (**PET**), Ante-partum haemorrhage (**APH**), Post-partum haemorrhage (**PPH**), uterine rupture (**UR**), post-partum sepsis (**PPS**), obstructed labour (**OL**), dystocia (**Dys**), retained placenta (**RP**), multiple pregnancy (**MP),** Abortion **(ABO)** or if other, specify				

	Delivery date **(MM/YYYY)**	Place of delivery	Mode of delivery	Born Alive	Birth Weight	Gestation	Sex	Alive Now	Pregnancy Complication
1	/	H C D O	V C I	Y N	kg	/40	M F	Y N	
2	/	H C D O	V C I	Y N	kg	/40	M F	Y N	
3	/	H C D O	V C I	Y N	kg	/40	M F	Y N	
4	/	H C D O	V C I	Y N	kg	/40	M F	Y N	
5	/	H C D O	V C I	Y N	kg	/40	M F	Y N	
6	/	H C D O	V C I	Y N	kg	/40	M F	Y N	
7	/	H C D O	V C I	Y N	kg	/40	M F	Y N	
8	/	H C D O	V C I	Y N	kg	/40	M F	Y N	
9	/	H C D O	V C I	Y N	kg	/40	M F	Y N	
10	/	H C D O	V C I	Y N	kg	/40	M F	Y N	
11	/	H C D O	V C I	Y N	kg	/40	M F	Y N	
12	/	H C D O	V C I	Y N	kg	/40	M F	Y N	

Mother's Name _____Mother's Date of Birth___/___/_____

Antenatal History (midwife/clinician)

No. ANC attendances this pregnancy?	0 1 2 3 4 5 >5	Date first ANC visit	/ /
Which clinic?			
Number of doses **Malaria** prophylaxis:	0 1 2 3 4		
Number of doses of **TT** immunisation	0 1 2		
VDRL test result this pregnancy	R NR ND	Date of result	/ /
First **Hb** result this pregnancy	____ • __ g/dl ND	Date of result	/ /
Blood group	ND A B O +ve -ve		
Any transfusion this pregnancy?	Y N		
De-worming this pregnancy?	Y N		
Supplements in this pregnancy?	None□ Iron□ Folic acid□ Calcium □ Vitamins□		
Antibiotics in the last 4 weeks?	None□ for PROM□ not for PROM□ Specify Antibiotic _____		
Other medication this pregnancy? (excluding ART)	None□ TB treatment□ NSAIDS□ Steroids□ Aspirin □ Insulin□ □ Other Specify _____		
Other drugs during this pregnancy	None □ Alcohol□ Cigarette smoking□ Chewing tobacco□		
Uterine Massage prior to this admission	None □ Most recent massage in last 6hrs□ in last 24hrs□ in last 1week□ more than 1 week ago□		

PMTCT test results this pregnancy (or status if already known to be R)?	**R**	**NR**	**ND**	Date of result	/ /
IF Not Done: Counselled?	Y N	Tested?	Y N	Results?	R NR
If Reactive: Currently taking **Septrin**?	No□	Yes□	Not known□		
If Reactive: Taken **ART** this preg?	No□	Treatment□	Prophylaxis□	If treatment, date started ART?	/ /
If Reactive: Registered with **CCRC**?	Y N			IF Y, CCRC no.	

Medical History (clinician/midwife)

Medical problems?	Y N If **Yes: complete below**				
	BEFORE PREGNANCY			DURING THIS PREGNANCY	
Cardiovascular	Cardiac disease	Y	N	Cardiac disease	Y N
	Hypertension	Y	N	Hypertension	Y N
Respiratory	Asthma	Y	N	Any respiratory disease	Y N
Neurology	Recurrent seizures /epilepsy	Y	N	Seizures	Y N
Gastrointestinal				Diarrhoea (> 2 weeks)	Y N
Endocrine	Diabetes	Y	N	Diabetes	Y N
	Thyroid disease	Y	N	Thyroid disease	Y N
Infection	TB	Y	N	TB	Y N
	STI	Y	N	STI	Y N
Renal	Any renal disease	Y	N	UTI	Y N
Haematology	Sickle cell disease	Y	N		
Neoplasia (cancer)	Cervical cancer	Y	N	Cervical cancer	Y N
	Other cancer	Y	N	Other cancer	Y N
Other	Depression	Y	N	Depression/mental illness	Y N
	Psychosis/mental illness	Y	N	Psychosis/mental illness	Y N
				Snake bite	Y N

Mother's Name _____Mother's Date of Birth___/___/_____

Examination on admission (clinician/midwife)

Observations	HR	/min	RR	/min	BP Second BP (at least > 6 hours after first BP)	/ /	Temp	__•__ ^{0}C
Measurements	Weight	___•__ kg	Height	____•__ cm	MUAC	_____ •__ cm	SFH	_____cm
Pres./Lie	Cephalic OA ☐ Cephalic OP ☐ Breech ☐ Transverse/oblique ☐							
	Descent	/5	Cervix	____ cm	Previous abdo scar?	Y N	FHR	☐ Not Heard /min
Were the membranes already ruptured at time of admission?	Y N **IF YES:**		Duration of ROM before admission	___days ____ hrs	Liquor	Clear☐ Offensive☐ Mec☐ Not seen☐		
Admitted	Before labour ☐ In labour ☐ Post-delivery ☐							
Examination V/E Findings: Clinical Pelvimetry:								
Admitted by (Initials)					Date	/ /		

Routine investigations on admission (clinician/midwife)

Blood sugar		_____ ND					
Full Blood Count	☐	Hb	____•__ g/dl	WCC	____ •____	Plts	_____
Malaria RDT	Neg (1 line) ☐ Pos- P. Falciparum (2 lines) ☐						
Urine dipstick	Protein 0 / + / ++ / +++	Glucose 0 / + / ++ / +++	Leukocytes 0 / + / ++ / +++	Ketones 0 / + / ++ / +++	Nitrites Neg Pos	Blood Neg Pos	

Mother's Name _____Mother's Date of Birth___/___/_____

RESEARCH STUDIES

SUMMARY OF RESEARCH STUDY / GROUP – completed by SFW or FW or Study Clinician

☐	**KIPMAT**	- Vaginorectal swab, Maternal blood, Cord blood
☐	**GBS SURFACE SWABS**	-Neonatal surface swabs
☐	**GBS GROUP A**	- Sickle cell test and Cord blood culture
☐	**GBS GROUP B**	- Sickle cell test and Cord blood culture - Lung aspirate
☐	**INTERBIO**	-Maternal blood, Cord blood, Placenta

ASSENT (Midwife)

Assent (midwife)	Y N	

CONSENT (FW)

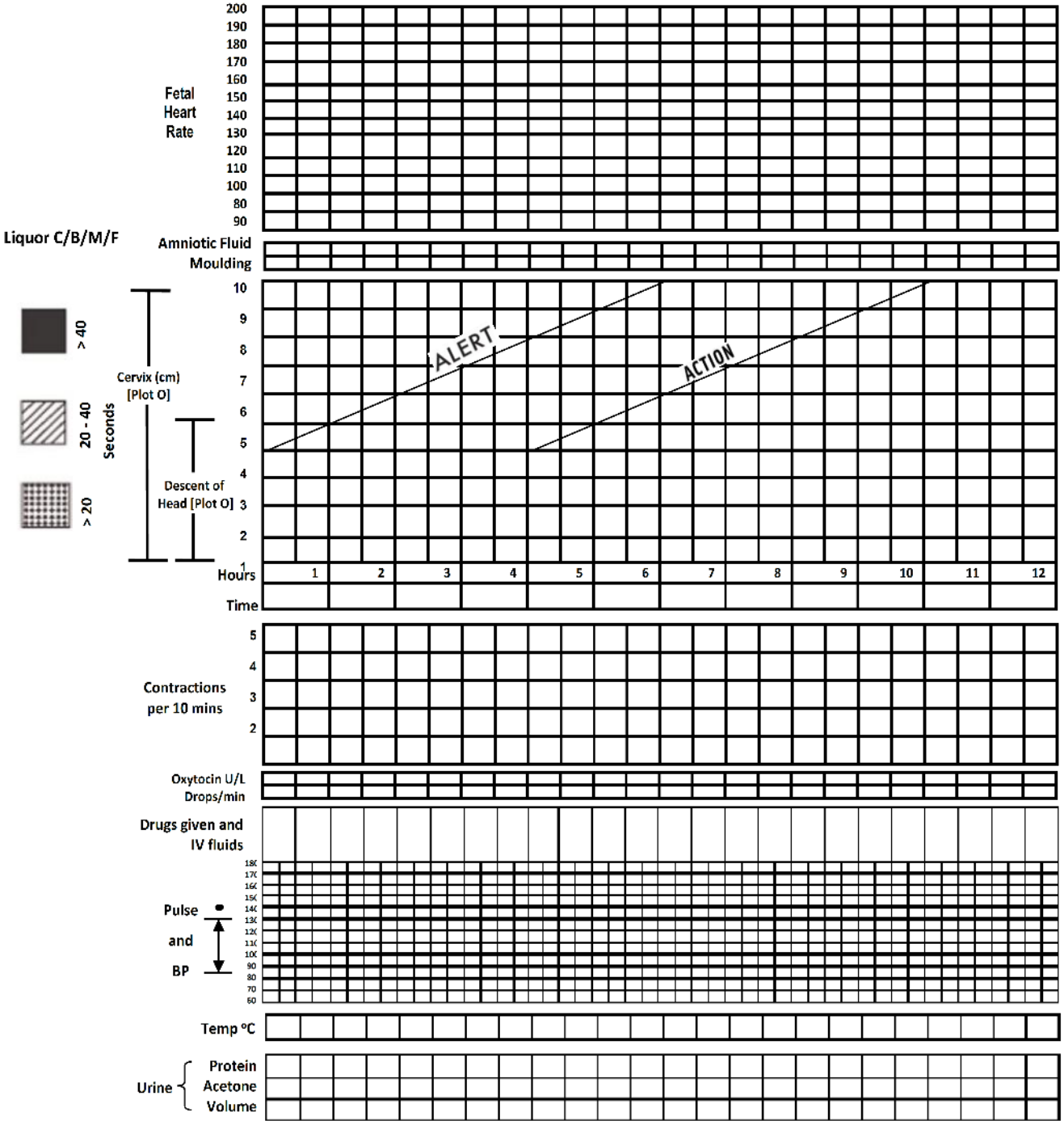
				Initials
Consent – KIPMAT			Y N	
Consent – GBS Surface Swabs			Y N	
Consent – GBS, Group A (Sickle cell test)			Y N	
Consent – GBS Group B ** after delivery if stillbirth			Y N	
INTERBIO	Has mother had an Interbio dating scan?		Y N	
	Was consent given at time of scan?		Y N	
	Verbal assent for existing consent?		Y N	

Mother's Name _____Mother's Date of Birth___/___/_____

Ministry of Health Kenya – Revised Partograph (2011)

Name **Gravida** **Para** **Hospital No.**

Date of admission **Time of admission** **Ruptured membranes** **Hours**



1st Stage Induction of labour YES/NO Duration_____hrs No. of VE_____ Rhesus Pos/Neg;

2nd Stage Mode of delivery_____; Duration_____mins; AMTSL: Y/N Uterotonic: Oxytocin/other_____

3rd Stage Placenta: Complete/Incomplete Wt_____g Shared (Y/N) Perineal tear/episiotomy; Repair Y/N;

Mother: Blood loss_____ml; Mother BP_____mmhg Pulse_____/min Temp._____.____°C RR_____/min

Baby: Alive/SB (MSB/FSB); Resuscitation None/O_2/BVM/CPR; Sex: M/F; Length_____.____cm Weight_____gm; HC_____.____cm;

MUAC_____.____cm Admitted NNU<1hr (Y/N); Apgar score 1min_____; 5min_____10min_____; Vit. K (Y/N)

TEO (Y/N) Nevirapine Stat (Y/N) Other Drugs_____

Delivered by_____ Place of Birth (Hospital/BBA); Date of Delivery_____Time of Delivery_____

Mother's Name _____Mother's Date of Birth___/___/_____

Delivery details (midwife/clinician)

Delivery	**Y N BBA**					
1st Stage	Onset of labour?	No Labour☐ Spontaneous☐ Induced $_{oxy}$☐ Induced $_{PG}$☐ Induced $_{ARM}$☐				
	PROM (>=18hrs?)	Y N If Y: Duration _____days _____ hours				
	Antibiotics before delivery?	☐ IV ☐ Oral ☐None				
2nd Stage	Fetal bradycardia? (<110 for 3 mins)	Y N				
	Fetal tachycardia? (>180 for 3 mins)	Y N				
	Thick meconium?	Y N				
	Offensive amniotic fluid?	Y N				
	Mode of delivery	Vaginal- $_{cephalic}$ ☐ Vaginal – $_{breech}$ ☐ Ventouse ☐ C/S – $_{elective}$ ☐ C/S – $_{emergency}$ ☐ Forceps ☐				
	Indication If induction of labour/ CS	Induction of Labour:		Caesarean Section:		
		Post term ☐	IUGR ☐	Poor progress ☐	Prev CS ☐	
		PROM ☐	APH ☐	Multiple preg ☐	Fet. distress ☐	
		PET ☐	IUFD ☐	Cord prolapse ☐	Plac. Praevia ☐	
		Multiple pg ☐	Other fetal ☐	Malpresent ☐	Breech ☐	
		Other mat ☐		PET ☐	Failed induction☐	
				APH ☐	Other mat ☐	
				Other fetal ☐		
	Duration 2nd stage	H Mins				
3rd Stage	Placenta Complete	Y N				
	Perineal Tear	Y N	If YES: Grade of tear	1 2 3 4		
	Episiotomy	Y N	Sutures	Y N		
	Duration 3rd stage	H Mins				
Delivery Complication	None☐ APH☐ PPH☐ Uterine rupture☐ Retained placenta☐ Obstructed labour☐ Dystocia☐ Cord prolapse☐ Retained twin☐ PET☐ Eclampsia☐ Other☐Specify: _____					
	Blood loss	_____ mls				
	Other delivery notes:					
Delivery attended by (tick all that apply):		Stud nurse☐ Nurse☐ COI ☐ CO☐ MOI ☐ MO☐ Obstet☐				
Completed by (Initials)			Date	/ /		

Mother's Name _____Mother's Date of Birth___/___/_____

Newborn details (midwife) – complete all details regardless of outcome of baby

Multiple deliveries?	**Y N**		
Baby	**A**	**B**	**C**
Born alive	Y N	Y N	Y N
PID if born alive			
SBN if born dead			
Date of birth	/ /	/ /	/ /
Time of birth	___:___ AM / PM	___:___ AM / PM	___:___ AM / PM
Place of Birth	Hospital☐ BBA ☐	Hospital☐ BBA ☐	Hospital☐ BBA ☐
Born alive but died in maternity	Y N	Y N	Y N
	If Y: ____hrs ___mins from birth	If Y: ____hrs ___mins from birth	If Y: ____hrs ___mins from birth
FSB $_{fresh}$/MSB $_{skin\ broken}$	FSB MSB	FSB MSB	FSB MSB
Resuscitation	None☐ O2 ☐ BVM☐ CPR☐	None☐ O2 ☐ BVM☐ CPR☐	None☐ O2 ☐ BVM☐ CPR☐
Sex	M F	M F	M F
Gestation	/40	/40	/40
Weight	grams	grams	grams
Length	_____•___ cm	_____•___ cm	_____•___ cm
OFC	_____•___ cm	_____•___ cm	_____•___ cm
MUAC	_____•___ cm	_____•___ cm	_____•___ cm
Admitted NNU <1 hr	Y N	Y N	Y N
Apgar Score	/1 /5 /10	/1 /5 /10	/1 /5 /10
Placental weight	_____g Shared with ☐None ☐A ☐B ☐C	_____g Shared with ☐None ☐A ☐B ☐C	_____g Shared with ☐None ☐A ☐B ☐C
TEO given	Y N	Y N	Y N
Vit K given	Y N	Y N	Y N
Nevirapine stat given	Y N	Y N	Y N
Other Newborn Notes			
Completed by			

Newborn check-stillbirths and those who die <1 hour of delivery (midwife) If multiple, attach additional sheets

Baby	☐A ☐ B ☐C	Baby PID (if born alive)	PID:
Skin	Skin broken	Y N	If Yes:
Head	Head abnormal	Y N	If Yes: abnormal shape☐ other:
	Eyes abnormal	Y N	If Yes:
Chest	Chest abnormal	Y N	If Yes: abnormal chest shape☐ Other:
Abdom	Abdomen abnormal	Y N	If Yes :
	Genitalia abnormal	Y N	If Yes: Ambiguous ☐ Other :
Limbs/ Back	Hands/Feet/Arms/Legs Spine/Back abnormal?	Y N	If Yes: >10 digits ☐ <10 digits☐ feet abnormal shape☐ Other :
Completed by (Initials)		Date	/ /

(if born dead) **SBN**:	

Mother's Name _____Mother's Date of Birth___/___/_____

Mother's Name_____ Mother's PregID_____ Baby PID _____

Baby ☐A ☐B ☐C

Newborn Check- live babies (clinician) Complete within 24 hrs of delivery. If multiple birth, attach additional sheets

Date of Delivery	/ /	Time of delivery	
Date of Newborn check	/ /	Time of newborn check	
		Age of baby in hours	hrs

Location			With mother ☐ Admitted neonatal care ☐ Admitted KEMRI/ HDU☐							
Time to first feed after delivery			_____Hrs _____ mins					Pre-lacteal feed given?		Y N
Current feed			Breast milk ☐ Formula☐ IV fluids☐					Feeding well?		Y N
	Observations	HR	bpm	RR	/min	O_2 Sat	%	☐On Air ☐On oxygen	Temp	___•__^{0}C

REFER IF ANY ARE YES		**COMMENTS**
Severe chest indrawing	Y N	
History of convulsions	Y N	
Moves only when stimulated	Y N	
Apgar < 4 at 5 minutes or <7 at 10 minutes?	Y N	
Difficulty feeding?	Y N	
Bilious vomiting?	Y N	
Umbilical flare/induration	Y N	
Any congenital abnormality (eg spina bifida, cleft palate, trisomies)	Y N	

Other Baby Notes			
Completed by (Initials)		Date	/ /

Mother's Name _____Mother's Date of Birth___/___/_____

Maternal review before discharge (Clinician)

Date of discharge	/ /
Problems Post Delivery/Post Discharge	**Y N**

Post-Discharge Checklist (please ask/check before discharge)			
	Onset Date		**Onset Date**
Atypical abdominal pain ☐	___/____/____	Uterine Tenderness☐	____/____/____
PV bleeding☐	____/____/____	Failure of involution☐	____/____/____
Vaginal discharge(offensive)☐	____/____/____	Fever >37.5°C☐	____/____/____
Dysuria☐	____/____/____	C/S wound infection☐	____/____/____
Difficulty in breathing☐	____/____/____	Episiotomy/Perineal wound infxn☐	____/____/____
Cough☐	____/____/____	Tender engorged breasts☐	____/____/____
Leaking of urine☐	____/____/____	Calf swelling / tenderness☐	____/____/____
Breast pain☐	____/____/____	Hypertension (BP>140/90)☐	____/____/____
Headache☐	____/____/____	Other, if Y, specify: _____☐	____/____/____
Seizures☐	____/____/____		

Clinical summary at discharge (Clinician)

Was the ANC profile complete at admission?				**Y**	**N**	**If Y**, move to 14c
If N, Have tests been done during this admission?				Y	N	**If Y**, complete results below
VDRL	NR	R	ND			
Blood group	A	B	O	+ve	-ve	ND
PMTCT	NR	R	ND			

Clinical summary at discharge (Clinician)

During this admission.....		
Did the mother receive a blood transfusion?	Y	N
Did the mother receive IV Magnesium sulphate?	Y	N
Did the mother have a seizure/ convulsion?	Y	N

Maternal Diagnosis(es) on discharge			
Maternal Discharge medication	Iron □ Folate □ Antibiotics□ _____		
Follow up	☐Maternal post-natal clinic	Date	/ /
	☐ANC clinic	Date	/ /
	☐Maternity Ward, When in labour		
	☐GOPC	Date	/ /
	☐POPC	Date	/ /
	☐CCRC (If PMTCT 'R')	Date	/ /
	☐Other Clinic _____	Date	/ /
Completed by (initials)		Date	/ /

Mother's Name _____Mother's Date of Birth___/___/_____

Mother outcome (fieldworker)

Date of Actual Discharge (Date mother leaves the ward)	/ /
Delivery	No ☐ Yes – KDH ☐ BBA ☐
Mother final outcome	Discharged Home ☐ Discharged to Maternal Shelter ☐ Absconded ☐ Transferred other hospital ☐ Transferred other ward KDH ☐ Died ☐
Maternal weight at discharge	_____•___ kg
Completed by (Initials)	
Date	/ /

Baby outcome (fieldworker)

PID/SBN	Baby A:	Baby B:	Baby C:
Baby name (if known)			
Baby outcome (S= stillborn, BD = born alive died in maternity, T= transferred, D=discharged alive, A = absconded)	S BD T D A	S BD T D A	S BD T D A
Completed by (Initials)			
Date	/ /		